

Rulemaking Number (12-375)

Kevin Carle, H-91912

CMF C-1510P

Po Box 2000

Vacaville, CA 95696

Received & Inspected

MAR 15 2013

FCC Mail Room

Marlene H. Dortch, Secretary

Federal Communication Commission

Office of the Secretary

445 12th Street, SW, RM TW-8204

Washington, DC 20554

February 27, 2013

TO Federal Communication Commission,

My name is Kevin Carle, I am Inmate and Deaf. When I used TTY many years ago but the problem is Vocabulary spell limit and grammar frustrate. Short can't waste time 45 min. I do not have enough time for Communication with my family and friend.

TTY not fair because Hearing people can talk on the phone and rest. Deaf no Videophone only TTY force Typing not comfortable I not skill I Typing slow stress and hurry up.

I think time limit should extend for deaf and cost reduce because Communication need more time.

Please give deaf people fair access and provide Videophones.

Thank you so much

Kevin Carle

No. of Copies rec'd 0
List ABCDE

MAR 15 2013

3/11/13 FCC Mail Room

"This is a public Comment for WC Docket number 12-375"

Dear Secretary Dortch,

My name is Luis Rivera and I'm writing in reference to calls I receive from a love one from State Correctional Institute Huntingdon in Pennsylvania through Global Telink Communications.

First of all I believe the charges are outrageous. They charge \$6.25 per 15 minute call. That's \$3.03 for the first minute and then .23 per minute. Global is a monopoly at this facility and you don't have no other choices. So, you're stuck with their charges and their services.

Secondly, they have suspended their collect calls in the state of Pennsylvania, so I was told. If you don't have the money for prepaid calls then you can't receive calls. I know at times they have a hard time collecting charges for collect calls, but they should suspend the service to those who don't pay. At least with collect calls, you can accept calls and pay for them on the due date. At times is difficult to pay for prepaid calls.

No. of Copies rec'd 0
List ABCDE

As far as dropped calls. I really haven't had any problems and the few times that it happened the phone company credited the account.

It would be great if the inmates were able to make a few free phone calls per month. It would really help financially. I spend between \$50 to \$100 a month in prepaid calls.

I ask to please see what can be done, so we can stay in touch with our love ones without been a financial burden. Please help.

My phone number is 215-455-7646. Please feel free to call if you have any questions.

Thank You
Luis Rivas

Rulemaking Number (12-375)

Kevin Carle, H-91912

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MAR 15 2013

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February 27, 2013

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I think time limit should extend for deaf and cost reduce because Communication need more time.

Please give deaf people fair access and provide Videophones.

Thank you so much

Kevin Carle

No. of Copies rec'd 0
LIST ABCDE

DIVISION OF ADULT INSTITUTIONS
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND
STATE PRISON-CORCORAN
900 Quebec Avenue, P.O. Box 7100
Corcoran, CA 93212



July 9, 2009

Carle
H-91912
B-1 133L

FIRST LEVEL RESPONSE, APPEAL LOG NO. SATF-B-09-02159

ACTION REQUESTED: New Video Telephone.

Your appeal regarding new video telephone has received careful consideration and has been thoroughly researched. You were interviewed by Jim Peacock, Supervisor of Building Trades, on July 7, 2009, concerning your appeal in order to provide you the opportunity to fully explain your appeal and to provide any supporting evidence or documentation.

I explained through a sign language interpreter that the Telecommunication Devices for the Deaf (TDD) equipment currently in use at California Substance Abuse Treatment Facility and State Prison at Corcoran for the hearing impaired inmates is considered to be adequate for providing communications. There are no plans to replace or change the equipment at this time therefore, your request is denied.

You were informed at the time of your interview, through a sign language interpreter that you may request reading assistance from an inmate assistance giver or by staff.

Considering the above information, your appeal is denied at the First Level of review.


JIM PEACOCK
Supervisor of Building Trades

CSATE APPEALS
CSATE APPEALS
JUL 16 2009
JUL 17 2009


S. SHERMAN
Associate Warden Business Services
California Substance Abuse Treatment Facility and State Prison at Corcoran

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001
DIRECTOR'S LEVEL APPEAL DECISION

Date: OCT 14 2009

In re: Kevin Carle, H91912
California Substance Abuse Treatment Facility and
State Prison at Corcoran
P.O. Box 7100
Corcoran, CA 93212-7100

IAB Case No.: 0905011

Local Log No.: SATF-09-02159

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant stated he is hearing impaired and the TTY (TeleTYpe telephone) and TDD (Telephone Device for the Deaf) no longer work because of the new video relay service (VRS) at the California Substance Abuse Treatment Facility (SATF); however, his outside family uses the VRS to more easily communicate with him. He also stated the TDD is hard for him to use because of his grade point level, but he is able to communicate ably via American Sign Language (ASL). The appellant requested to have "the ADA [Americans with Disabilities Act] to order and get" a new video telephone in Building "1" to enable him to communicate with his family.

II SECOND LEVEL'S DECISION: The reviewer noted on July 7, 2009, J. Peacock, Supervisor of Building Trades (SBT), interviewed and evaluated the appellant for his issues on appeal. Through an ASL interpreter, who was present at the interview, the SBT informed the appellant the TDD equipment currently in use for hearing-impaired inmates is considered adequate for providing communications, and there are no plans to replace or change the equipment at this time. His request on appeal was not granted.

In requesting a Second Level of Review (SLR), the appellant reiterated his request for VRS because the TDD capability will diminish in the future. He claimed the ADA has money to procure a VRS, and "...you know that it's law."

At the SLR, the appellant was informed the Armstrong Remedial Plan (ARP) stipulates that he is allowed 40-minute increments to use TDD units. He is allowed a 40-minute call to his family to accommodate the longer process involved with typing telephone conversations. The appellant was also informed the Relay Operator (RO) will type in written format similar to ASL; for example if he types "me to store," the RO will type "I am going to the store." Accordingly, the appellant and his family can type in an abbreviated format.

Finally, the appellant was advised the videophones require high-speed internet connections, which the institution does not have. A "web cam" is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program (CTAP) via telephone at 1-800-806-1191, which will assist them in obtaining a TTY unit for the household. The program is income based and phone units are issued on a loan basis.

Contact with the appellant's housing unit indicated he has daily access to sign-up for the TDD. On August 18, 2009, A. Fouch, Correctional Counselor II (CCII), interviewed the appellant for his issues on appeal. An ASL interpreter was present to ensure effective communications. During the interview, the appellant acknowledged he was familiar with the TDD sign-up procedures, informed the CCII he has used the TDD in the past, and stated he has a grade placement level of 7.4. As the appellant was provided an equally effective means of communications in lieu of his requested accommodation, his request was appropriately denied. The appeal was denied at the SLR on August 18, 2009.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant expressed dissatisfaction, claiming CCII Fouch obviously did not understand the problem. He stated the relay operator is communicating on the TTY machine, but his family does not have TTY connections, and the CTAP will not help with connections for the TTY, as his family uses VRS over telephone lines. He also claimed TTY communications take too long to translate, and ASL over video is much faster and poses no safety and security concerns for the institution. He claimed the SATF has telephone lines and VRS can be easily installed. He claimed an ASL interpreter available to monitor communications between himself and his family. He claimed the ADA is Federally funded, and the VRS can be purchased and maintained in the program office, where the internet is available to the staff.

In reaching a decision at the DLR, the appellant's claim is refuted, as the institution already has an effective TDD communications system for hearing-impaired inmates and affords daily access to the system in 40-minute increments. Moreover, the SATF does not have high-speed internet access and installing such capability poses unacceptable cost as well as safety and security concerns.

The appellant is informed the CTAP distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State-mandated program, under governance of the California Public Utilities Commission. Equipment and some network services are available at no charge to eligible consumers. Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility, are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser. CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service. This surcharge appears on the telephone phone bill as "CA Relay Service and Communications Devices Fund."

According to the ARP II.H.4, Equally Effective Means, "A request for accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternate method which is less costly or intrusive. Alternative methods, which may be less costly or intrusive to the existing operation/program, may be utilized to provide reasonable access in lieu of modifications requested by the inmate/parolee, so long as they are effective." As the institution presently has an effective TDD system in place, and a new system would be overly intrusive and more costly than proposed remedy, his request was appropriately denied.

Moreover, According to the ARP II.H.3, Direct Threat, "A request for accommodation may be denied when it poses a direct threat of substantial harm to the health or safety of the inmate, parolee, or anyone else, including the public." As granting the appellant's request poses unacceptable safety and security concerns, his request was appropriately denied.

It is noted the SATF Warden appropriately and thoroughly examined the appellant's initial issues on appeal and determined he received the intervention deemed necessary to address his request for accommodation. The appellant is informed the ARP provides specific guidelines for accommodating inmates with disabilities and these guidelines were specifically followed in this case. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request, and no additional disability accommodation is warranted at the DLR.

B. BASIS FOR THE DECISION:

ARP: ARPI, ARP.II.A, ARP.II.B, ARP.II.E.1, ARP.II.E.2, ARP.II.H.3, ARP.II.H.4, ARP.IV.B.1, ARP.IV.B.2

California Code of Regulations, Title 15, Section: 3085

KEVIN CARLE, H91912
CASE NO. 0905011
PAGE 3

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

A handwritten signature in black ink, appearing to read 'N. Grannis', is positioned above the typed name.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, SATF
Health Care Manager, SATF
Appeals Coordinator, SATF
Medical Appeals Analyst, SATF

which removes the safety and security concerns. ADA is federally funded the VRS can be purchased and maintained in the program office where the internet is available to the staff,

DIVISION OF ADULT INSTITUTIONS

California Substance Abuse Treatment Facility and State Prison at Corcoran
900 Quebec Ave.
P.O. Box 7100
Corcoran, CA 93212



August 18, 2009
Carle H-91912

RE: Second Level Response – Appeal # SATF-B-09-02159

APPEAL ISSUE: ADA

APPEAL DECISION: Denied

APPEAL ISSUE: You state the Telecommunication Device for the Deaf (TDD) is too hard for you to use because of your grade point level (GPL). You state most outside families use the Video Relay Service (VRS) because it is easier to use. You are requesting for the institution to order the new Video telephone and set it up in B1 or the program office. Supervisor of Building Trades (SBT) J. Peacock denied this appeal at the first level of review. Mr. Peacock informed you the TDD is adequate for communications and stated there are no plans to replace or change the equipment at this time. You were not satisfied with the first level response and elected to submit your appeal to the second level. You are still requesting for the institution to get the VRS.

APPEAL RESPONSE: Your appeal has received careful consideration and has been thoroughly researched. Your appeal was referred for Second Level Review on August 14, 2009. The appellant is advised the Armstrong Remedial Plan stipulates inmates will be allowed 40-minute increments to use TDD phones. The appellant is allowed a 40-minute phone call to contact his family, in order to accommodate the longer process involved with typing phone conversations.

Further, the appellant is advised the Relay Operator will type in written format similar to American Sign Language. For example, if the appellant types "me to store", the Relay Operator will type "I am going to the store". Accordingly, the appellant and his family can "type" in an abbreviated format.

Finally, the appellant is advised videophones require high-speed Internet connections, which the SATF does not have. A web cam is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program at 1-800-806-1191, at which time they will be assisted in obtaining a TTY phone for their household. The program is income based, and phones are issued on a "loan" basis.

B2 Officer Wadkins was contacted on Tuesday, August 18, 2009. Officer Wadkins stated you have daily access to sign up for the TDD. Correctional Counselor II (CCII) A. Fouch interviewed you on Tuesday, August 18, 2009 concerning this appeal.

American Sign Language Interpreter J. Shaewitz was present to assure effective communication. CCII Fouch asked you if you were familiar with the TDD sign up procedures. You stated you were familiar with the program and have utilized the TDD in the past. You informed CCII Fouch that your GPL was 7.4 and you know how to operate/work the TDD.

DECISION: The appeal is denied. However, the appellant is being provided an equally effective means, via the TDD system.


KEN CLARK
Warden

CSATF APPEALS

AUG 19 2009

TREAT AS

Appeal Processing - Effective Communication Factors

Inmate

ORIGINAL

NAME

SATF-B-09-02159

CDC Number: HF1912



This inmate has a **hearing impairment** and **requires a Sign Language Interpreter**. To ensure effective communication, please call the office of the Associate Warden-Americans with Disabilities Act (Office Technician) at extension 5257 to schedule.



This inmate has a **hearing impairment** but does not Sign. According to the Disability & Effective Communication System primary method of communication: ☐ Hearing Aid ☐ Reads Lips ☐ Written Notes ☐ Assisted Listing Device ☐ Other: _____



This inmate has **vision impairment**. Assistance Required: _____ Ensure that all information is read to him or inform him that the Galileo Reader and Optilec Enlarger are available in the library to enable him to read his final copy. He may also request reading assistance from an Assistance Giver or Staff member.



This inmate has been: **listed on the TABE - Score of 4.0 or less** _____ **or No test on record / identified as a DDP INMATE** _____ **/ classified with a Learning Disability**. Ensure that all information is read to inmate. Examples of effective communication include: reading the documents, speaking slowly, rephrasing sentences, and using simple English. He may also request reading assistance from an Assistance Giver or Staff member.

****Ensure that all responses include the method of communication and a statement regarding how effective communication was verified (i.e. Inmate was able to respond to questions asked, Inmate repeated information back in his own words, etc.)****

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CARLE, H91912
Current Housing: FBB1T1000000133L

Date: August 14, 2009

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SATF-B-09-02159

ASSIGNED STAFF REVIEWER: ASSISTANT ADA COORDINATOR
APPEAL ISSUE: ADA
DUE DATE: 08/27/2009

Inmate CARLE, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

R. HALL, R. GOMEZ
APPEALS COORDINATOR
CSATF/SP

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

1. SKTF-B

Log No.

1. 09-02159

Category

18

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

DPH DPS SU, WN

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>Carle, K</u>	<u>H-91912</u>	<u>CAI LAB</u>	<u>B-1-133L</u>

A. Describe Problem: The ADA Denied to me from Jim Peacock Supervisor of Building Trades that I asked for VRS and we need that VRS because the T.D.D. will Disminish anymore the T.D.D. in the future. We need the VRS and Our Deaf Inmates family have VRS and there family not need the T.D.D. So we have Consistent to have the VRS and the ADA have money to order to get a VRS. no excuse for that so you know that Its Law. You Ignore our ADA!

If you need more space, attach one additional sheet.

B. Action Requested: I wanted the ADA have to get VRS to be here for us

Inmate/Parolee Signature: K. Carle

Date Submitted: 8/3/09

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

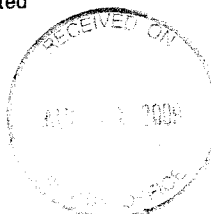
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



CSATF APPEALS

AUG 13 2009

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH
SIGN LANGUAGE INTERPRETER REQUIRED

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. STATE-B

1. 09-02159

18

2. _____

2. _____

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DPH DPS SU, WN

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
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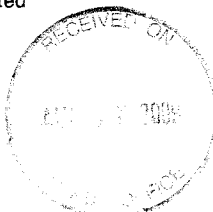
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Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



CSATE APPEALS

AUG 13 2009

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH
SIGN LANGUAGE INTERPRETER REQUIRED

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 602 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SCL (WV)

INMATE/PAROLEE'S NAME (PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

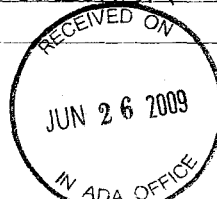
DESCRIBE THE PROBLEM:

The TTY or TDD will not longer because the new Video Relay Service since now and we can't use the TDD or TTY anymore, but most VRS outside family to use the Video and more easy to Communication through the VRS. I tell you that the TDD to hard for me because of my Grade level, but my Skill is ASL so use with ASL than TDD. So advanced

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I want the ADA to order to get new Video telephone to set and put it in Build 1 or program office, No matter where to put a place at it. ALL I'm Deaf wanted the VRS to be here because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 4824 (Rev. 10/06)

REVIEWER'S ACTION

ORIGINAL
TYPE OF ADA ISSUE

6-26-09
7-17-09

DATE ASSIGNED TO REVIEWER:
DATE DUE:

☒ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☒ Auxiliary Aid or Device Requested

☐ Other _____

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: See attached memorandum dated July 9, 2009 regarding
New Video Telephone

July 7, 2009

DATE INMATE/PAROLEE WAS INTERVIEWED

Jim Peacock, SBT

PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☐ GRANTED ☒ DENIED ☐ PARTIALLY GRANTED

BASIS OF DECISION: See attached memorandum dated July 9, 2009

Authored by Jim Peacock, SBT

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY (NAME)

TITLE

INSTITUTION/FACILITY

SBT

CSATF/SP

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE

DATE SIGNED

DATE RETURNED TO INMATE/PAROLEE

JUL 17 2009

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SLU (LWN)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133 L

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You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

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DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

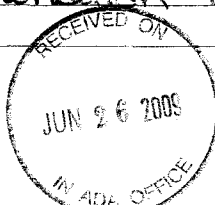
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INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SLU (LWN)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

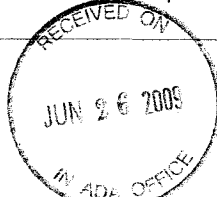
DESCRIBE THE PROBLEM:

The TTY or TDD will not longer because the new Video Relay Service since now and we can't use the TDD or TTY anymore, but most VRS outside family to use the Video and more easy to Communication through the VRS. I tell you that the TDD to hard for me because of my Grade level, but my Skill is ASL so use with ASL than T.D.D. So advanced

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I want the ADA to order to get New Video telephone to set and put it in Build 1 or program office, No matter where to put a place at it. ALL I'm Deaf wanted the VRS to be here. because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

Rulemaking Number (12-375)

Kevin Carle, H-91912

CMF C-1510P

Po Box 2000

Vacaville, CA 95696

Received & Inspected

MAR 15 2013

FCC Mail Room

Marlene H. Dortch, Secretary

Federal Communication Commission

Office of the Secretary

445 12th Street, SW, RM TW-8204

Washington, DC 20554

February 27, 2013

TO Federal Communication Commission,

My name is Kevin Carle, I am Inmate and Deaf. When I used TTY many years ago but the problem is Vocabulary spell limit and grammar frustrate. Short can't waste time 45 min. I do not have enough time for Communication with my family and friend.

TTY not fair because Hearing people can talk on the phone and rest. Deaf no Videophone only TTY force Typing not comfortable I not skill I Typing slow stress and hurry up.

I think time limit should extend for deaf and cost reduce because Communication need more time.

Please give deaf people fair access and provide Videophones.

Thank you so much

Kevin Carle

No. of Copies rec'd
LHM/ABODE

0

DIVISION OF ADULT INSTITUTIONS
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND
STATE PRISON-CORCORAN
900 Quebec Avenue, P.O. Box 7100
Corcoran, CA 93212



July 9, 2009

Carle
H-91912
B-1 133L

FIRST LEVEL RESPONSE, APPEAL LOG NO. SATF-B-09-02159

ACTION REQUESTED: New Video Telephone.

Your appeal regarding new video telephone has received careful consideration and has been thoroughly researched. You were interviewed by Jim Peacock, Supervisor of Building Trades, on July 7, 2009, concerning your appeal in order to provide you the opportunity to fully explain your appeal and to provide any supporting evidence or documentation.

I explained through a sign language interpreter that the Telecommunication Devices for the Deaf (TDD) equipment currently in use at California Substance Abuse Treatment Facility and State Prison at Corcoran for the hearing impaired inmates is considered to be adequate for providing communications. There are no plans to replace or change the equipment at this time therefore, your request is denied.

You were informed at the time of your interview, through a sign language interpreter that you may request reading assistance from an inmate assistance giver or by staff.

Considering the above information, your appeal is denied at the First Level of review.


JIM PEACOCK
Supervisor of Building Trades

CSATF APPEALS
CSATF APPEALS
JUL 16 2009
JUL 17 2009


S. SHERMAN
Associate Warden Business Services
California Substance Abuse Treatment Facility and State Prison at Corcoran

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: OCT 14 2009

In re: Kevin Carle, H91912
California Substance Abuse Treatment Facility and
State Prison at Corcoran
P.O. Box 7100
Corcoran, CA 93212-7100

IAB Case No.: 0905011

Local Log No.: SATF-09-02159

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant stated he is hearing impaired and the TTY (TeleType telephone) and TDD (Telephone Device for the Deaf) no longer work because of the new video relay service (VRS) at the California Substance Abuse Treatment Facility (SATF); however, his outside family uses the VRS to more easily communicate with him. He also stated the TDD is hard for him to use because of his grade point level, but he is able to communicate ably via American Sign Language (ASL). The appellant requested to have "the ADA [Americans with Disabilities Act] to order and get" a new video telephone in Building "1" to enable him to communicate with his family.

II SECOND LEVEL'S DECISION: The reviewer noted on July 7, 2009, J. Peacock, Supervisor of Building Trades (SBT), interviewed and evaluated the appellant for his issues on appeal. Through an ASL interpreter, who was present at the interview, the SBT informed the appellant the TDD equipment currently in use for hearing-impaired inmates is considered adequate for providing communications, and there are no plans to replace or change the equipment at this time. His request on appeal was not granted.

In requesting a Second Level of Review (SLR), the appellant reiterated his request for VRS because the TDD capability will diminish in the future. He claimed the ADA has money to procure a VRS, and "...you know that it's law."

At the SLR, the appellant was informed the Armstrong Remedial Plan (ARP) stipulates that he is allowed 40-minute increments to use TDD units. He is allowed a 40-minute call to his family to accommodate the longer process involved with typing telephone conversations. The appellant was also informed the Relay Operator (RO) will type in written format similar to ASL; for example if he types "me to store," the RO will type "I am going to the store." Accordingly, the appellant and his family can type in an abbreviated format.

Finally, the appellant was advised the videophones require high-speed internet connections, which the institution does not have. A "web cam" is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program (CTAP) via telephone at 1-800-806-1191, which will assist them in obtaining a TTY unit for the household. The program is income based and phone units are issued on a loan basis.

Contact with the appellant's housing unit indicated he has daily access to sign-up for the TDD. On August 18, 2009, A. Fouch, Correctional Counselor II (CCII), interviewed the appellant for his issues on appeal. An ASL interpreter was present to ensure effective communications. During the interview, the appellant acknowledged he was familiar with the TDD sign-up procedures, informed the CCII he has used the TDD in the past, and stated he has a grade placement level of 7.4. As the appellant was provided an equally effective means of communications in lieu of his requested accommodation, his request was appropriately denied. The appeal was denied at the SLR on August 18, 2009.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant expressed dissatisfaction, claiming CCII Fouch obviously did not understand the problem. He stated the relay operator is communicating on the TTY machine, but his family does not have TTY connections, and the CTAP will not help with connections for the TTY, as his family uses VRS over telephone lines. He also claimed TTY communications take too long to translate, and ASL over video is much faster and poses no safety and security concerns for the institution. He claimed the SATF has telephone lines and VRS can be easily installed. He claimed an ASL interpreter available to monitor communications between himself and his family. He claimed the ADA is Federally funded, and the VRS can be purchased and maintained in the program office, where the internet is available to the staff.

In reaching a decision at the DLR, the appellant's claim is refuted, as the institution already has an effective TDD communications system for hearing-impaired inmates and affords daily access to the system in 40-minute increments. Moreover, the SATF does not have high-speed internet access and installing such capability poses unacceptable cost as well as safety and security concerns.

The appellant is informed the CTAP distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State-mandated program, under governance of the California Public Utilities Commission. Equipment and some network services are available at no charge to eligible consumers. Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility, are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser. CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service. This surcharge appears on the telephone phone bill as "CA Relay Service and Communications Devices Fund."

According to the ARP II.H.4, Equally Effective Means, "A request for accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternate method which is less costly or intrusive. Alternative methods, which may be less costly or intrusive to the existing operation/program, may be utilized to provide reasonable access in lieu of modifications requested by the inmate/parolee, so long as they are effective." As the institution presently has an effective TDD system in place, and a new system would be overly intrusive and more costly than proposed remedy, his request was appropriately denied.

Moreover, According to the ARP II.H.3, Direct Threat, "A request for accommodation may be denied when it poses a direct threat of substantial harm to the health or safety of the inmate, parolee, or anyone else, including the public." As granting the appellant's request poses unacceptable safety and security concerns, his request was appropriately denied.

It is noted the SATF Warden appropriately and thoroughly examined the appellant's initial issues on appeal and determined he received the intervention deemed necessary to address his request for accommodation. The appellant is informed the ARP provides specific guidelines for accommodating inmates with disabilities and these guidelines were specifically followed in this case. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request, and no additional disability accommodation is warranted at the DLR.

B. BASIS FOR THE DECISION:

ARP: ARPI, ARPII.A, ARPII.B, ARPII.E.1, ARPII.E.2, ARPII.H.3, ARPII.H.4, ARPIV.B.1, ARPIV.B.2

California Code of Regulations, Title 15, Section: 3085

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CARLE, H91912
Current Housing: FBB1T1000000133L

Date: August 14, 2009

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SATF-B-09-02159

ASSIGNED STAFF REVIEWER: ASSISTANT ADA COORDINATOR
APPEAL ISSUE: ADA
DUE DATE: 08/27/2009

Inmate CARLE, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

R. HALL, R. GOMEZ
APPEALS COORDINATOR
CSATF/SP

KEVIN CARLE, H91912
CASE NO. 0905011
PAGE 3

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, SATF
Health Care Manager, SATF
Appeals Coordinator, SATF
Medical Appeals Analyst, SATF

Which removes the safety and security concerns, ADA is federally funded the VRS can be purchased and maintained in the program office where the internet is available to the staff,

DIVISION OF ADULT INSTITUTIONS

California Substance Abuse Treatment Facility and State Prison at Corcoran
900 Quebec Ave.
P.O. Box 7100
Corcoran, CA 93212



August 18, 2009
Carle H-91912

RE: Second Level Response – Appeal # SATF-B-09-02159

APPEAL ISSUE: ADA**APPEAL DECISION: Denied**

APPEAL ISSUE: You state the Telecommunication Device for the Deaf (TDD) is too hard for you to use because of your grade point level (GPL). You state most outside families use the Video Relay Service (VRS) because it is easier to use. You are requesting for the institution to order the new Video telephone and set it up in B1 or the program office. Supervisor of Building Trades (SBT) J. Peacock denied this appeal at the first level of review. Mr. Peacock informed you the TDD is adequate for communications and stated there are no plans to replace or change the equipment at this time. You were not satisfied with the first level response and elected to submit your appeal to the second level. You are still requesting for the institution to get the VRS.

APPEAL RESPONSE: Your appeal has received careful consideration and has been thoroughly researched. Your appeal was referred for Second Level Review on August 14, 2009. The appellant is advised the Armstrong Remedial Plan stipulates inmates will be allowed 40-minute increments to use TDD phones. The appellant is allowed a 40-minute phone call to contact his family, in order to accommodate the longer process involved with typing phone conversations.

Further, the appellant is advised the Relay Operator will type in written format similar to American Sign Language. For example, if the appellant types "me to store", the Relay Operator will type "I am going to the store". Accordingly, the appellant and his family can "type" in an abbreviated format.

Finally, the appellant is advised videophones require high-speed Internet connections, which the SATF does not have. A web cam is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program at 1-800-806-1191, at which time they will be assisted in obtaining a TTY phone for their household. The program is income based, and phones are issued on a "loan" basis.

B2 Officer Wadkins was contacted on Tuesday, August 18, 2009. Officer Wadkins stated you have daily access to sign up for the TDD. Correctional Counselor II (CCII) A. Fouch interviewed you on Tuesday, August 18, 2009 concerning this appeal.

American Sign Language Interpreter J. Shaewitz was present to assure effective communication. CCII Fouch asked you if you were familiar with the TDD sign up procedures. You stated you were familiar with the program and have utilized the TDD in the past. You informed CCII Fouch that your GPL was 7.4 and you know how to operate/work the TDD.

DECISION: The appeal is denied. However, the appellant is being provided an equally effective means, via the TDD system.


KEN CLARK
Warden

CSATF APPEALS
AUG 19 2009

TREAT AS

Appeal Processing - Effective Communication Factors

Inmate Name:

ORIGINAL

SATF-B-09-02159

CDC Number: HP1912

- ☒ This inmate has a **hearing impairment** and **requires a Sign Language Interpreter**. To ensure effective communication, please call the office of the Associate Warden-Americans with Disabilities Act (Office Technician) at extension 5257 to schedule.
- ☐ This inmate has a **hearing impairment** but does not Sign. According to the Disability & Effective Communication System primary method of communication: ☐ Hearing Aid ☐ Reads Lips ☐ Written Notes ☐ Assisted Listing Device ☐ Other: _____
- ☐ This inmate has **vision impairment**. Assistance Required: _____ Ensure that all information is read to him or inform him that the Galileo Reader and Optilec Enlarger are available in the library to enable him to read his final copy. He may also request reading assistance from an Assistance Giver or Staff member.
- ☒ This inmate has been: **listed on the TABE - Score of 4.0 or less** _____ or **No test on record / identified as a DDP INMATE** _____ / **classified with a Learning Disability**. Ensure that all information is read to inmate. Examples of effective communication include: reading the documents, speaking slowly, rephrasing sentences, and using simple English. He may also request reading assistance from an Assistance Giver or Staff member.

****Ensure that all responses include the method of communication and a statement regarding how effective communication was verified (i.e. Inmate was able to respond to questions asked, Inmate repeated information back in his own words, etc.)****

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. STATE-B

1. 09-02159

18

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

DPH OPS SU, WN

NAME <u>Carle, K</u>	NUMBER <u>H-91912</u>	ASSIGNMENT <u>CAI LAB</u>	UNIT/ROOM NUMBER <u>B-1-133L</u>
-------------------------	--------------------------	------------------------------	-------------------------------------

A. Describe Problem: The ADA Denied to me from Jim Peacock Supervisor of Building Trades that I asked for VRS and we need that VRS because the T.D.D. will Disminish anymore the T.D.D. in the future. We need the VRS and Our Deaf Inmates family have VRS and there family not need the T.D.D. So we have Consistent to have the VRS and The ADA have money to order to get a VRS. no excuse for that So you know that Its Law. You Ignore our ADA!

If you need more space, attach one additional sheet.

B. Action Requested: I wanted the ADA have to get VRS to be here for us

Inmate/Parolee Signature: K. Carle

Date Submitted: 8/3/09

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

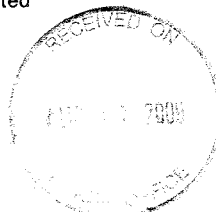
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



CSATF APPEALS

AUG 13 2009

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH
SIGN LANGUAGE
INTERPRETER REQUIRED

First Level ☐ Granted ☐ P. Granted ☐ Denied ☒ Other Attached to 09-02159

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

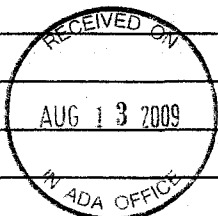
Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Returned _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.



SECTION A+B
See Attached of
CDC 1824 1602
Dated 8-3-09

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ Other APPEALS

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: AUG 13 2009 Due Date: 8-27-09

☐ See Attached Letter

Signature: [Signature] Date Completed: 8-18-09

Warden/Superintendent Signature: _____ Date Returned to Inmate: 9/18/09

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Disatisfied with response of CCI fourth. Obviously the problem is not understand. The relay operator is communicating on tty machine. My family does not have tty connections. The CTA Program at 1-800-806-1191 will not help with connections for tty. My family uses VRS over phone lines. TTY communications takes too long to translate. ASL over video is much faster and poses no safety and security concerns to the Institution. SATF/sp has phone lines and VRS can be easily installed. There is an ASL interpreter available to monitor ALS between myself and my family. - Please see attached sheet -

Signature: [Signature] Date Submitted: 9/6/09

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☒ See Attached Letter ☐ Granted ☐ P. Granted ☒ Denied ☐ Other _____

CDC 602 (12/87)



H91912

Date: OCT 14 2009

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1823 (Rev. 11/005)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

SATF-B

09-02159

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SCL (WV)

INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

Carle, K

H-91912

CAILAB

8am/3pm

B1-133L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

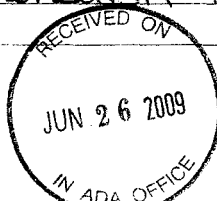
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WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I want the ADA to order to get New Video telephone to set and put it in Build 1 or program office, No matter where to put a place at it. All I'm Deaf wanted the VRS to be here because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1824 (Rev. 10/05)

INSTITUTION/PAROLE REGION:

LOG NUMBER:

CATEGORY:

SATF-B

09-02159

18. ADA

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INMATE/PAROLEE'S NAME (PRINT)

CDC NUMBER

ASSIGNMENT

HOURS/WATCH

HOUSING

Carle, K

H-91912

CAILAB

8am/3pm

B1-133 L

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Deaf

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C-File

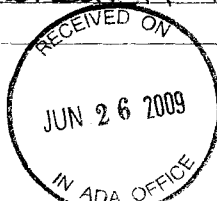
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I want the ADA to order to get New Viedo telephone to set and put it in Build 1 or program office, No matter where to put a place at it. ALL I'm Deaf wanted the VRS to be here because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SLU (WWD)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

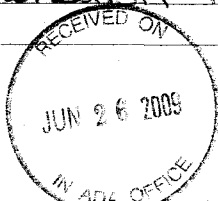
DESCRIBE THE PROBLEM:

The TTY or TDD will not longer because the new Video Relay Service since now and we can't use the TDD or TTY anymore, but most VRS outside family to use the Video and more easy to Communication through the VRS. I tell you that the TDD to hard for me because of my Grade level, but my Skill is ASL so use with ASL than T.D.D. so advanced

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I want the ADA to order to get New Video telephone to set and put it in Build 1 or program office, No matter where to put a place at it. All I'm Deaf wanted the VRS to be here because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SLU (Wn)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

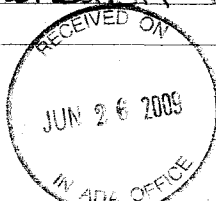
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I want the ADA to order to get New Video telephone to set and put it in Build 1 or program office, No matter where to put a place at it. ALL I'm Deaf wanted the VRS to be here because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

Rulemaking Number (12-375)

Kevin Carle, H-91912

CMF C-1510P

Po Box 2000

Vacaville, CA 95696

Marlene H. Dortch, Secretary

Federal Communication Commission

Office of the Secretary

445 12th Street, SW, RM TW-8204

Washington, DC 20554

February 27, 2013

TO Federal Communication Commission,

My name is Kevin Carle, I am Inmate and Deaf. When I used TTY many years ago but the problem is Vocabulary spell limit and grammar frustrate. Short can't waste time 45 min. I do not have enough time for Communication with my family and friend.

TTY not fair because Hearing people can talk on the phone and rest. Deaf no Videophone only TTY force Typing not comfortable I not skill I Typing slow stress and hurry up.

I think time limit should extend for deaf and cost reduce because Communication need more time.

Please give deaf people fair access and provide Videophones.

Thank you so much

Kevin Carle

No. of Copies rec'd
LIST ABOVE

0

DIVISION OF ADULT INSTITUTIONS
CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND
STATE PRISON-CORCORAN
900 Quebec Avenue, P.O. Box 7100
Corcoran, CA 93212



July 9, 2009

Carle
H-91912
B-1 133L

FIRST LEVEL RESPONSE, APPEAL LOG NO. SATF-B-09-02159

ACTION REQUESTED: New Video Telephone.

Your appeal regarding new video telephone has received careful consideration and has been thoroughly researched. You were interviewed by Jim Peacock, Supervisor of Building Trades, on July 7, 2009, concerning your appeal in order to provide you the opportunity to fully explain your appeal and to provide any supporting evidence or documentation.

I explained through a sign language interpreter that the Telecommunication Devices for the Deaf (TDD) equipment currently in use at California Substance Abuse Treatment Facility and State Prison at Corcoran for the hearing impaired inmates is considered to be adequate for providing communications. There are no plans to replace or change the equipment at this time therefore, your request is denied.

You were informed at the time of your interview, through a sign language interpreter that you may request reading assistance from an inmate assistance giver or by staff.

Considering the above information, your appeal is denied at the First Level of review.


JIM PEACOCK
Supervisor of Building Trades

CSATF APPEALS
CSATF APPEALS
JUL 16 2009
JUL 17 2009


S. SHERMAN
Associate Warden Business Services
California Substance Abuse Treatment Facility and State Prison at Corcoran

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: OCT 14 2009

In re: Kevin Carle, H91912
California Substance Abuse Treatment Facility and
State Prison at Corcoran
P.O. Box 7100
Corcoran, CA 93212-7100

IAB Case No.: 0905011

Local Log No.: SATF-09-02159

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant stated he is hearing impaired and the TTY (TeleTYpe telephone) and TDD (Telephone Device for the Deaf) no longer work because of the new video relay service (VRS) at the California Substance Abuse Treatment Facility (SATF); however, his outside family uses the VRS to more easily communicate with him. He also stated the TDD is hard for him to use because of his grade point level, but he is able to communicate ably via American Sign Language (ASL). The appellant requested to have "the ADA [Americans with Disabilities Act] to order and get" a new video telephone in Building "1" to enable him to communicate with his family.

II SECOND LEVEL'S DECISION: The reviewer noted on July 7, 2009, J. Peacock, Supervisor of Building Trades (SBT), interviewed and evaluated the appellant for his issues on appeal. Through an ASL interpreter, who was present at the interview, the SBT informed the appellant the TDD equipment currently in use for hearing-impaired inmates is considered adequate for providing communications, and there are no plans to replace or change the equipment at this time. His request on appeal was not granted.

In requesting a Second Level of Review (SLR), the appellant reiterated his request for VRS because the TDD capability will diminish in the future. He claimed the ADA has money to procure a VRS, and "...you know that it's law."

At the SLR, the appellant was informed the Armstrong Remedial Plan (ARP) stipulates that he is allowed 40-minute increments to use TDD units. He is allowed a 40-minute call to his family to accommodate the longer process involved with typing telephone conversations. The appellant was also informed the Relay Operator (RO) will type in written format similar to ASL; for example if he types "me to store," the RO will type "I am going to the store." Accordingly, the appellant and his family can type in an abbreviated format.

Finally, the appellant was advised the videophones require high-speed internet connections, which the institution does not have. A "web cam" is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program (CTAP) via telephone at 1-800-806-1191, which will assist them in obtaining a TTY unit for the household. The program is income based and phone units are issued on a loan basis.

Contact with the appellant's housing unit indicated he has daily access to sign-up for the TDD. On August 18, 2009, A. Fouch, Correctional Counselor II (CCII), interviewed the appellant for his issues on appeal. An ASL interpreter was present to ensure effective communications. During the interview, the appellant acknowledged he was familiar with the TDD sign-up procedures, informed the CCII he has used the TDD in the past, and stated he has a grade placement level of 7.4. As the appellant was provided an equally effective means of communications in lieu of his requested accommodation, his request was appropriately denied. The appeal was denied at the SLR on August 18, 2009.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant expressed dissatisfaction, claiming CCII Fouch obviously did not understand the problem. He stated the relay operator is communicating on the TTY machine, but his family does not have TTY connections, and the CTAP will not help with connections for the TTY, as his family uses VRS over telephone lines. He also claimed TTY communications take too long to translate, and ASL over video is much faster and poses no safety and security concerns for the institution. He claimed the SATF has telephone lines and VRS can be easily installed. He claimed an ASL interpreter available to monitor communications between himself and his family. He claimed the ADA is Federally funded, and the VRS can be purchased and maintained in the program office, where the internet is available to the staff.

In reaching a decision at the DLR, the appellant's claim is refuted, as the institution already has an effective TDD communications system for hearing-impaired inmates and affords daily access to the system in 40-minute increments. Moreover, the SATF does not have high-speed internet access and installing such capability poses unacceptable cost as well as safety and security concerns.

The appellant is informed the CTAP distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State-mandated program, under governance of the California Public Utilities Commission. Equipment and some network services are available at no charge to eligible consumers. Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility, are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser. CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service. This surcharge appears on the telephone phone bill as "CA Relay Service and Communications Devices Fund."

According to the ARP II.H.4, Equally Effective Means, "A request for accommodation may be denied if equally effective access to a program, service, or activity may be afforded through an alternate method which is less costly or intrusive. Alternative methods, which may be less costly or intrusive to the existing operation/program, may be utilized to provide reasonable access in lieu of modifications requested by the inmate/parolee, so long as they are effective." As the institution presently has an effective TDD system in place, and a new system would be overly intrusive and more costly than proposed remedy, his request was appropriately denied.

Moreover, According to the ARP II.H.3, Direct Threat, "A request for accommodation may be denied when it poses a direct threat of substantial harm to the health or safety of the inmate, parolee, or anyone else, including the public." As granting the appellant's request poses unacceptable safety and security concerns, his request was appropriately denied.

It is noted the SATF Warden appropriately and thoroughly examined the appellant's initial issues on appeal and determined he received the intervention deemed necessary to address his request for accommodation. The appellant is informed the ARP provides specific guidelines for accommodating inmates with disabilities and these guidelines were specifically followed in this case. After considering the evidence and arguments herein, it has been determined that staff acted appropriately on the appellant's request, and no additional disability accommodation is warranted at the DLR.

B. BASIS FOR THE DECISION:

ARP: ARPI, ARPIL.A, ARPIL.B, ARPILE.1, ARPILE.2, ARPIL.H.3, ARPIL.H.4, ARP.V.B.1, ARP.V.B.2

California Code of Regulations, Title 15, Section: 3085

KEVIN CARLE, H91912
CASE NO. 0905011
PAGE 3

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

A handwritten signature in black ink, appearing to read 'N. Grannis', is positioned above the typed name.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, SATF
Health Care Manager, SATF
Appeals Coordinator, SATF
Medical Appeals Analyst, SATF

Which removes the safety and security concerns. ADA is federally funded the VRS can be purchased and maintained in the program office where the internet is available to the staff,

DIVISION OF ADULT INSTITUTIONS

California Substance Abuse Treatment Facility and State Prison at Corcoran
900 Quebec Ave.
P.O. Box 7100
Corcoran, CA 93212



August 18, 2009
Carle H-91912

RE: Second Level Response – Appeal # SATF-B-09-02159

APPEAL ISSUE: ADA

APPEAL DECISION: Denied

APPEAL ISSUE: You state the Telecommunication Device for the Deaf (TDD) is too hard for you to use because of your grade point level (GPL). You state most outside families use the Video Relay Service (VRS) because it is easier to use. You are requesting for the institution to order the new Video telephone and set it up in B1 or the program office. Supervisor of Building Trades (SBT) J. Peacock denied this appeal at the first level of review. Mr. Peacock informed you the TDD is adequate for communications and stated there are no plans to replace or change the equipment at this time. You were not satisfied with the first level response and elected to submit your appeal to the second level. You are still requesting for the institution to get the VRS.

APPEAL RESPONSE: Your appeal has received careful consideration and has been thoroughly researched. Your appeal was referred for Second Level Review on August 14, 2009. The appellant is advised the Armstrong Remedial Plan stipulates inmates will be allowed 40-minute increments to use TDD phones. The appellant is allowed a 40-minute phone call to contact his family, in order to accommodate the longer process involved with typing phone conversations.

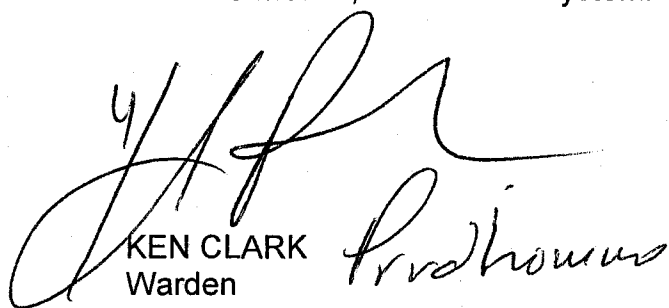
Further, the appellant is advised the Relay Operator will type in written format similar to American Sign Language. For example, if the appellant types "me to store", the Relay Operator will type "I am going to the store". Accordingly, the appellant and his family can "type" in an abbreviated format.

Finally, the appellant is advised videophones require high-speed Internet connections, which the SATF does not have. A web cam is also required, which poses safety and security concerns. The appellant's family may contact the California Telephone Access Program at 1-800-806-1191, at which time they will be assisted in obtaining a TTY phone for their household. The program is income based, and phones are issued on a "loan" basis.

B2 Officer Wadkins was contacted on Tuesday, August 18, 2009. Officer Wadkins stated you have daily access to sign up for the TDD. Correctional Counselor II (CCII) A. Fouch interviewed you on Tuesday, August 18, 2009 concerning this appeal.

American Sign Language Interpreter J. Shaewitz was present to assure effective communication. CCII Fouch asked you if you were familiar with the TDD sign up procedures. You stated you were familiar with the program and have utilized the TDD in the past. You informed CCII Fouch that your GPL was 7.4 and you know how to operate/work the TDD.

DECISION: The appeal is denied. However, the appellant is being provided an equally effective means, via the TDD system.


KEN CLARK
Warden

CSATF APPEALS

AUG 19 2009

TREAT AS

Appeal Processing - Effective Communication Factors

Inmate

ORIGINAL

SATF-B-09-02159

CDC Number: HF1912



This inmate has a **hearing impairment** and **requires a Sign Language Interpreter**. To ensure effective communication, please call the office of the Associate Warden-Americans with Disabilities Act (Office Technician) at extension 5257 to schedule.



This inmate has a **hearing impairment** but does not Sign. According to the Disability & Effective Communication System primary method of communication: ☐ Hearing Aid ☐ Reads Lips ☐ Written Notes ☐ Assisted Listing Device ☐ Other: _____



This inmate has **vision impairment**. Assistance Required: _____ Ensure that all information is read to him or inform him that the Galileo Reader and Optilec Enlarger are available in the library to enable him to read his final copy. He may also request reading assistance from an Assistance Giver or Staff member.



This inmate has been: **listed on the TABE - Score of 4.0 or less** _____ **or No test on record / identified as a DDP INMATE** _____ **/ classified with a Learning Disability**. Ensure that all information is read to inmate. Examples of effective communication include: reading the documents, speaking slowly, rephrasing sentences, and using simple English. He may also request reading assistance from an Assistance Giver or Staff member.

****Ensure that all responses include the method of communication and a statement regarding how effective communication was verified (i.e. Inmate was able to respond to questions asked, Inmate repeated information back in his own words, etc.)****

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CARLE, H91912
Current Housing: FBB1T1000000133L

Date: August 14, 2009

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SATF-B-09-02159

ASSIGNED STAFF REVIEWER: ASSISTANT ADA COORDINATOR
APPEAL ISSUE: ADA
DUE DATE: 08/27/2009

Inmate CARLE, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

R. HALL, R. GOMEZ
APPEALS COORDINATOR
CSATF/SP

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. SAF-B

1. 09-02159

18

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

DPH OPS SU, WN

NAME <u>Carle, K</u>	NUMBER <u>H-91912</u>	ASSIGNMENT <u>CAI LAB</u>	UNIT/ROOM NUMBER <u>B-1-1331</u>
-------------------------	--------------------------	------------------------------	-------------------------------------

A. Describe Problem: The ADA Denied to me from Jim Peacock Supervisor of Building Trades that I asked for VRS and we need that VRS because the T.D.D. will Disminish anymore the T.D.D. in the future. We need the VRS and Our Deaf Inmates family have VRS and there family not need the T.D.D. So we have Consistent to have the VRS and The ADA have money to order to get a VRS. no excuse for that so you knew that Its Law. You ignore our ADA!

If you need more space, attach one additional sheet.

B. Action Requested: I wanted the ADA have to get VRS to be here for us

Inmate/Parolee Signature: [Signature]

Date Submitted: 8/3/09

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH
SIGN LANGUAGE
INTERPRETER REQUIRED

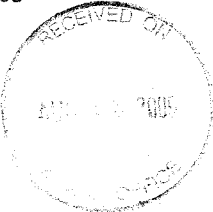
Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



CSATF APPEALS
AUG 13 2009

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. CSATF-B

1. 09-02159

18

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

OPH DPS SU, WN

NAME <u>Carle, K</u>	NUMBER <u>H-91912</u>	ASSIGNMENT <u>CAI LAB</u>	UNIT/ROOM NUMBER <u>B-1-133L</u>
-------------------------	--------------------------	------------------------------	-------------------------------------

A. Describe Problem: The ADA Denied to me from Jim Peacock Supervisor of Building Trades that I asked for VRS and we need that VRS because the T.D.D. will Disminish anymore the T.D.D. in the future. We need the VRS and Our Deaf Inmates family have VRS and there family not need the T.D.D. So we have Consistent to have the VRS and the ADA have money to order to get a VRS. no excuse for that so you knew that Its Law. You ignore our ADA!

If you need more space, attach one additional sheet.

B. Action Requested: I wanted the ADA have to get VRS to be here for us

Inmate/Parolee Signature: K. Carle

Date Submitted: 8/3/09

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

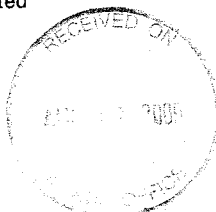
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Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



CSATF APPEALS
Aug 13 2009

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH
SIGN LANGUAGE INTERPRETER REQUIRED

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1002 (Rev. 11/00)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SCL (W)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

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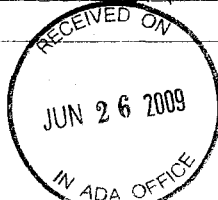
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WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

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INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDCR 1023 (Rev. 10/05)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SCL (W)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

Deaf

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

C-File

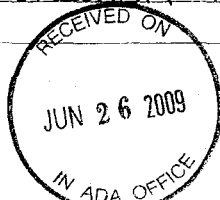
DESCRIBE THE PROBLEM:

The TTY or TDD will not longer because the new Video Relay Service since now and we can't use the TDD or TTY anymore, but most VRS outside family to use the Video and more easy to Communication though the VRS. I tell you that the TDD to hard for me because of my Grade level, but my Skill is ASL so use with ASL than T.D.D. So advanced

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

I want the ADA to order to get New Video telephone to set and put it in Build 1 or program office, No matter where to put a place at it. All I'm Deaf wanted the VRS to be here. because they want to Communication to the family.

INMATE/PAROLEE'S SIGNATURE



DATE SIGNED

6/3/09

RECEIVED
SEP 10 2009
INMATE APPEALS BRANCH

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

SATF-B

LOG NUMBER:

09-02159

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act. DPH, DPS, SLU (LWN)

INMATE/PAROLEE'S NAME(PRINT)

Carle, K

CDC NUMBER

H-91912

ASSIGNMENT

CAILAB

HOURS/WATCH

8am/3pm

HOUSING

B1-133 L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

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DESCRIPTION OF DISABILITY:

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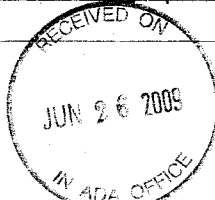
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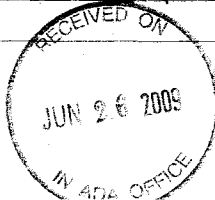
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